

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12148</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>SEAN CASEY</u> P.O. Box, Bldg., Room No., if any <u>C/O MAJOR LEAGUE BASEBALL PLAYERS ASSOC.</u> Street <u>12 E. 49TH STREET</u> <u>24TH FLOOR</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10017</u>	4. Name, file number, and address of labor organization. Name <u>MAJOR LEAGUE BASEBALL PLAYERS ASSOC.</u> Labor Organization File Number <u>064-727</u> P.O. Box, Building and Room Number, if any <u>24TH FLOOR</u> Street <u>12 E. 49TH STREET</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10017</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/14/05
Date

513-349-7326

Telephone Number

Name of Person Filing SEAN CASEY	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name TOPPS COMPANY, INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE WHITEHALL STREET City NEW YORK State NY ZIP Code + 4 10004	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">MLBPA LICENSEE</div>
	11.b. Approximate dollar value of such dealing. \$4,832,269
	12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;">PRODUCT ENDORSEMENT</div>
	12.b. Amount. \$575

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing SEAN CASEY	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name NIKE, INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE BOWERMAN DRIVE City BEAVERTON State OR ZIP Code + 4 97005	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">MLBPA LICENSEE</div>
	11.b. Approximate dollar value of such dealing. \$108,269
	12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;">PRODUCT ENDORSEMENT</div>
	12.b. Amount. \$11,222

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing SEAN CASEY	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name DONRUSS PLAYOFF, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2300 E. RANDOL MILL ROAD City ARLINGTON State TX ZIP Code + 4 76011	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">MLBPA LICENSEE</div>
	11.b. Approximate dollar value of such dealing. \$5,750,369
	12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;">PRODUCT ENDORSEMENT & AUTOGRAPH CARDS</div>
	12.b. Amount. \$23,258

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing SEAN CASEY	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name FLEER</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street FLEER EXECUTIVE PLAZA</p> <p>City 1120 ROUTE 73</p> <p>State MOUNT LAUREL</p> <p>State NJ ZIP Code + 4 08054</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>MLBPA LICENSEE</p>
	<p>11.b. Approximate dollar value of such dealing. \$15,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>PRODUCT ENDORSEMENT & AUTOGRAPHING CARDS</p>
	<p>12.b. Amount. \$5,100</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

NAME OF PERSON FILING – Sean Casey

ADDENDUM TO LM-30

In 2004, I received endorsement income from a business that, insofar as I know, does not do business with the MLBPA, but that may do business with one or more Major League Baseball Clubs and/or with Major League Baseball. I do not know whether any of these businesses have such extensive commercial dealings with the Clubs and/or with Major League Baseball that those commercial dealings represent a “substantial part” of their overall business operations. Accordingly, in a good faith effort to fully meet (and perhaps go beyond) my reporting obligation, I am stating below the amount of endorsement income I received from each of these businesses in 2004:

Rawlings Sporting Goods \$8,500

Shapiro, Robinson & Associates, Inc.

11311 McCormick Road, Suite 205

Hunt Valley, Maryland 21031

410-329-1999

Fax 410-329-1990

August 11, 2005

(VIA FEDERAL EXPRESS)

Mr. Sean Casey
Pfister Hotel
424 East Wisconsin Avenue
Milwaukee, WI 53202

Dear Sean:

Attached is the Form we talked about. Please sign in the space indicated and send the document the US Department of Labor in the envelope provided. Be sure and have the envelope postmarked prior to August 15th.

If you have any questions, please call.

Regards,

A handwritten signature in black ink, appearing to read "Michael D. Maas", with a stylized flourish at the end.

Michael D. Maas

MDM/dlb